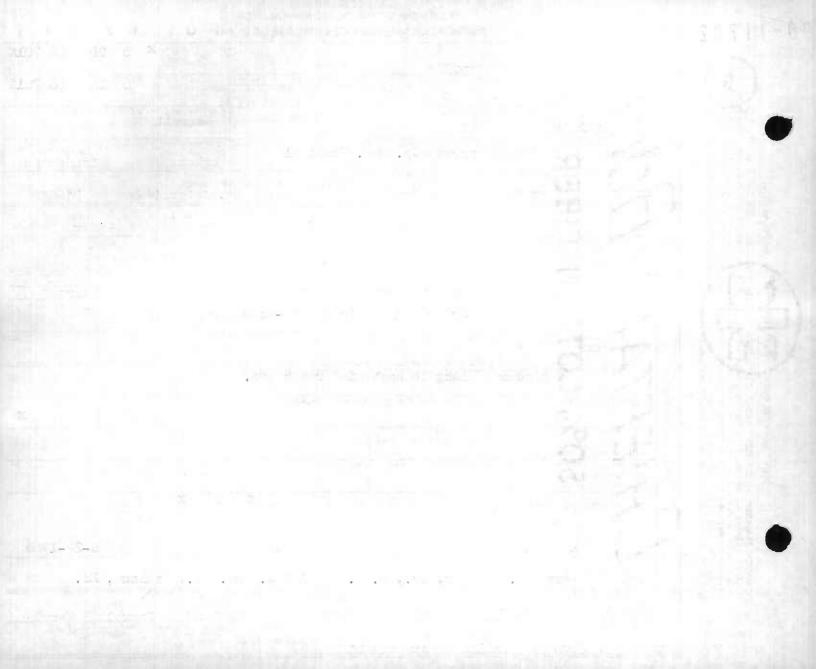
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEACH REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT) ESTI-DEATH MATED Clayton Orville 19 BAKER 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 86 LAST BIRTHDAY) PRONOUNCED Male Sept. 30, 1925 59 YRS White DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH West Virginia MARRIED X NEVER MARRIED Garrett USA WIDOWED DIVORCED U NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (DOA') SGATTEGORESMEN. HOSPITAL CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Oakland FOR MOST OF WORKING LIFE) OR INDUSTRY Worker Landscape ISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY 13c CITY OR TOWN Marvland Garrett Oakland Rt. 1 Box 145 21550 YES NO K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lloyd Marshall Baker Tina Jane Pifer 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-26-9983 ves WWII Ruby Baker See #13 above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary artery disease Years IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardio-vascular disease Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CANDITIONS CONTRIBUTING TO OFATH JUT NOT RELATED TO THE TERMINAL DISEASE OF CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USEL DEPARTMENT OF 1 YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1. CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DIRECTOR: PAFTER DEATH, WITH THE STYLMORE, MARYLAND, 2 Inspection 1 22a. I certify that I took charge of the remains described above, held an Autapsy death resulted fram Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 6-24-1986 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. St., Oakland, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE 6/26/86 Burial Ashby Cemetery Oakland 07/84 Garrett Maryland 25M 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Oakland, Maryland 21550 Bradley A. Stewart



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the hospital or attending physician.

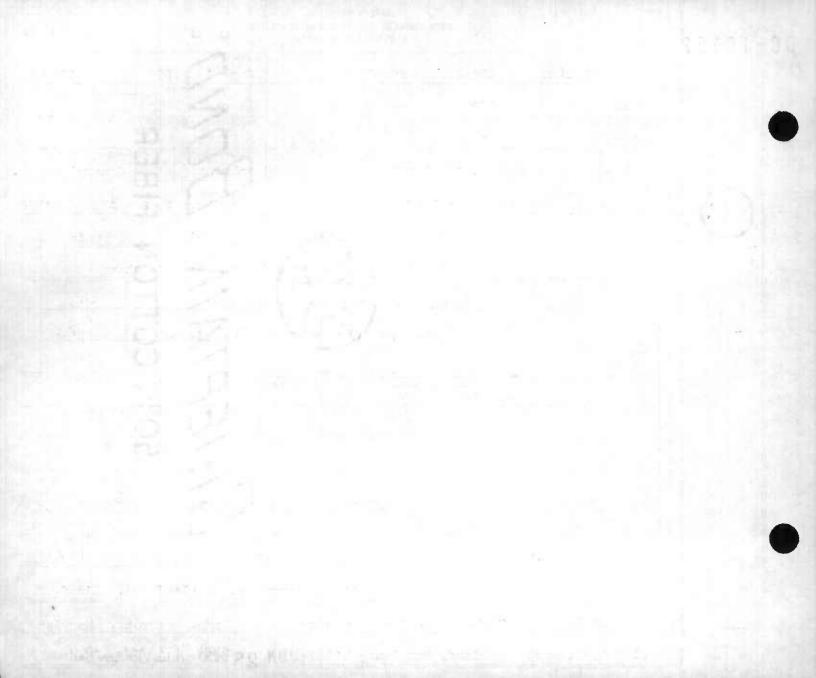
within 24 hours ofter death. Page

FOR STATE

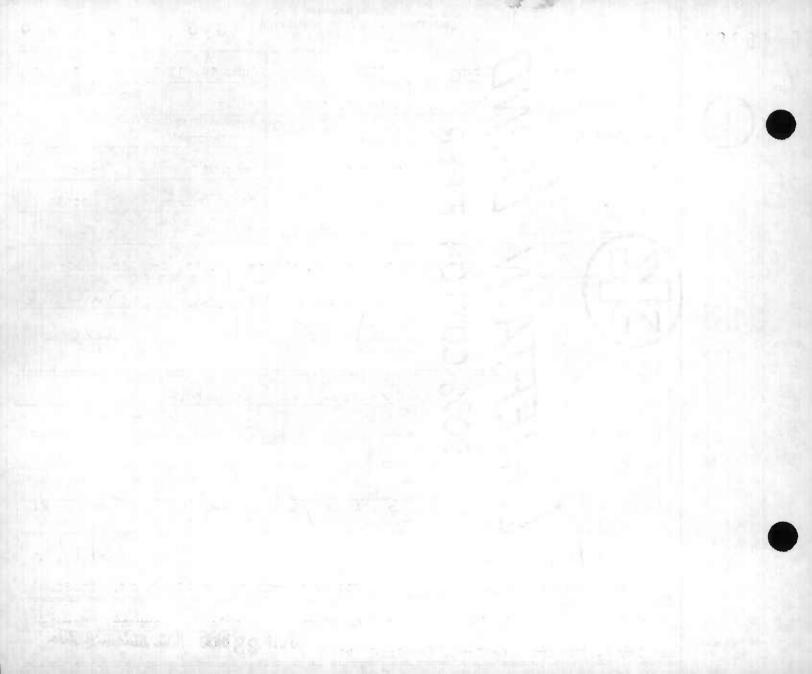
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAK					REG. NO	).				
_		CEASED NAME FIRST		MIDDLE	(	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
	TITLE	William	n T	homas	CODD	INGTON	June 14,	1986		1105 PA		
	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDERTYEAR	IF UNDER 24 HRS.		
43	9	Male	Wh	ite	May	9, 1906 YEAR	80	YRS	NIMS DAYS	HOURS MIN.		
-	To. BIF	OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY O	FDEATH			
2		ryland		USA	WIDOWE		Garrett			MI		
	10 CT	Oakland		HOSPITAL, NURSIN CH FACILITY, GIVE STREET t. #2, BO		DR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Laborer		INDUSTRY	f BUSINESS OF al Cons		
35	13a. S			13c. CITY OR TOWN Oaklan	N	13d INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / Star Rt.		140	2155		
0	14 FA	THER'S NAME FIRST Frank	MIDDLE	Coddingt	on	15 MOTHER'S MAIDEN NAME FIRST	Maria		Brown	ing		
7		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS				
		No	THE WAR OR DAILES)	212-12-0	106	B. Jane Codd	ington, See	See #13 above				
1		18 CAUSE OF DEATH (Enter of	nly one couse pe	r line for (0), (b), on	d (C).1	11.77	1.1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUS	TE CAUSE (a)	Cerel	ma	Jester U	15UVV		yrs			
	176		DUE TO C	OR AS A CONSEQUE	NCE OF	1.000			J			
		Conditions, if ony, which	( (b)	Day	·V	Vrs-how	Sier	e	4/5			
		gove rise to immediate	DUE TO O	R AS A CONSEQUE	NOE OF							
		underlying couse lost	(5)	AS A CONSECUE	INCE OF							
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	ITION GIVEN	ON GIVEN IN PART 110				
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	WERE FINDINGS USED ING CAUSES OF DEATH?				
	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	V VEAR	21c. HOW INJURY OCCURR	LORPART 21					
	-							THE HEAT IS THE				
7	(IF EITHER NOTIFY MEDICAL EXAMINER)				19			THE HEAT TO LEARN				
7	EDICA	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	P. 21e PLACE	.M. OF INJURY	19	211. LOCATION				STATE		
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P. 21e PLACE	.M.	19	211. LOCATION STREET	CITY OR TOW		COUNTY	STATE		
7		(IF EITHER NOTIFY MEDICAL EXAMIN  216 INJURY OCCURRED  WHILE NOT WHILE	P. 21e PLACE (AT HOME ST	.M. OF INJURY REET, FACTORY, OFFICE, FA	19				COUNTY			
7		(# EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY HORN AT WORK  220.1 certify that (I) (this hape  sow the deceased alive a	21e PLACE (AT HOME ST	.M.  OF INJURY REET, FACTORY, OFFICE, FA	19 ARM ETC )		CITY OR TOW	vn, 19.	COUNTY	that (I) (ye) los		
7		(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this happy	21e PLACE (AT HOME ST	.M.  OF INJURY REET, FACTORY, OFFICE, FA	19 ARM ETC )	STREET	CITY OR TOW	vn, 19.	COUNTY	that (I) (ye) los		
7		(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify tho (1) (this hay  sow the decased alive o  above, (1) (we) (3dd) (did o	21e PLACE (ATHOME ST	.M.  OF INJURY REET, FACTORY, OFFICE, FA	19 ARM ETC )	STREET  19  10  10  10  10  10  10  10  10  10	city or tow	, 19. te and haus ar	COUNTY	that (I) (ye) los		
7		(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify tho (1) (this hay  sow the decased alive o  above, (1) (we) (3dd) (did o	P. P. ACE (AT HOME ST	.M.  OF INJURY REET, FACTORY, OFFICE, FA	19 ARM ETC )	STREET  19  10  10  10  10  10  10  10  10  10	CITY OR TOW	, 19. te and haus ar	COUNTY	that (I) (ye) los		
7		(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY HORK AT WORK  220.1 certify that (I) (this hap  sow the decases alive a  above, (I) (we) (clid) (did in  22b. SIGNATURE	21e PLACE (ATHOME ST	.M.  OF INJURY REET, FACTORY, OFFICE, F.  The deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	19 ARM ETC )	of that in (my) (qGr) opinion of DEGREE  ATTENDING PHYSICIAN	eath occurred on the da	, 19, te and havi or	and from the country	that (I) (ye) lost		
7	73a B	21d. Injury OCCURRED  WHILE NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE ATWORK  21d. I certify that (I) (this had sow the decased alive a above, (I) light (clid) (did a 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE  Dr. Thomas  URIAL, CREMATION, REMOVA	P. PLACE (AT HOME ST	MD.	ARM ETC )	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	occurred on the da  AMEDICAL STAFI DIRECTOR PHYSICI  A St., Oakla	te and hour or AND	nd from the country	that (I) (ye) lost couses stated SIGNED		
7	73a B	22d. PHYSICIAN'S NAME (TYPE	21e PLACE (AT HOME ST  THOM) oftended th  PLACE (AT HOME ST  TO THOM ST  TO TH	MD	ARM ETC)  ARM ETC)	d that in (my) (qGr) opinion of DEGREE  ATTENDING PHYSICIAN PHYSIC	to Colly  leath occurred on the do  MEDICAL STAFI DIRECTOR PHYSICI	te and hour or AND	county  22c. DAT  22c. DAT  20unty	that (I) (ye) lost couses stated SIGNED		

DHMH - 16 60M 7/8 (VRA 15, 4)



10284	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL H' CATE OF DEATH	YGIENE 8 6	1 7	4 5 6		
		CEASED NAME	EIRST		MIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
1 63		My	rtle	I	rene	GI	BSON	June 14, 1986		1230 A <sub>M</sub>		
2 22	3. SE		4.	RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.		
		Female		Whi	te	July	26, 1910	75 YRS.				
E ( # B 47)	H B	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI	NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH			
		st Virginia			SA	WIDOWE				M		
1190	0	ty or town of DEAT akland	I	11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Dennett Road Manor Nursing				12a USUAL OCCUPATION (TYPE DE WORK FOR MOST DE WORKING LI HOUSEWIFE				
35	136. 3	Md.	G HOME OR O' 36 COUNT Garre	Υ	13c. CITY OR To		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 715 I Street	Ε	21550		
11/10	)4. FA	THER'S NAME Peter	MI	DDLE	Uphol	d	15 MOTHER'S MAIDEN N Blanche	MAME	Tee	ts		
3 7		VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SI	ECURITY NO	17 INFORMANT	ADDRESS				
12 1/		No	(11 125, 0112	AN ON DATES!	214-32	-3301	Paul J. Tho	omas, Rt. #1, Box	265, 0	akland,		
thicate physic movel movel	Ĩ.	PART I. DEATH WA	SCAUSED	one couse per BY: CAUSE (o)	tine for (a), (b),	ond ic	zvdisc	faire		rue dis te		
es that the depth ned by the artend please remarken, o unal cremation, o y, or other traumat	1	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	diote the last	DUE TO, OI	R AS A CONSE	OUENCE OF	TSHOE	CH C	VEN IN PART 1	15		
The bar	NO.	Cereprovala in KV										
1112	TIFICATION	90 DATE OF OPERATION	NC	19b. CONDI	TION FOR WH		WAS PERFORMED	IN CERTI	S, WERE FIND FYING CAUSE ES	INGS USED S OF DEATH?		
SCIAN TO Physical and the state of the state	CAL CERT	210, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	216, TIME O HOUR A	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
ter this c tond Ma	MEDICAL	21d. INJURY OCCURRE		21e PLACE (	OF INJURY	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
2108 At for use of Health		sow the deceosed abave, (I) (ye) (do				April 1	d that in (my) (apr) apinio	on death occurred an the date and hou		that (I) (ye) last		
PAL DRESS BAL DIRES Editor hed Trafe Dept.		27b. SIGNATURE	1/01	ma-	~	(	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	G DATE	SIGNED		
TO FUNERAL Model be de- into the State		Dr. Thor	nas Jo	hnson,			311 N. Four	rth St., Oakland,	Md. 2	1550		
1 1 24	23a E	URIAL, CREMATION, RE	MOVAL			30 NAME OF C	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
P	_	srecify) urial		6/16/	86	Oakland	Cemetery		The same of the sa	Maryland		
MH - 16 60M 7/84 (VRA 15, 4)		oneral director adley A. St	ewart	. Oak	land, M	aryland	21550	NF RE TO 1985 RAP JULIES IN	A SIGN	INP CARE		



FOR

- 16-60M 7/B4

Humbert Funeral Home

(VRA 15, 4)

STATE OF MARYLAND

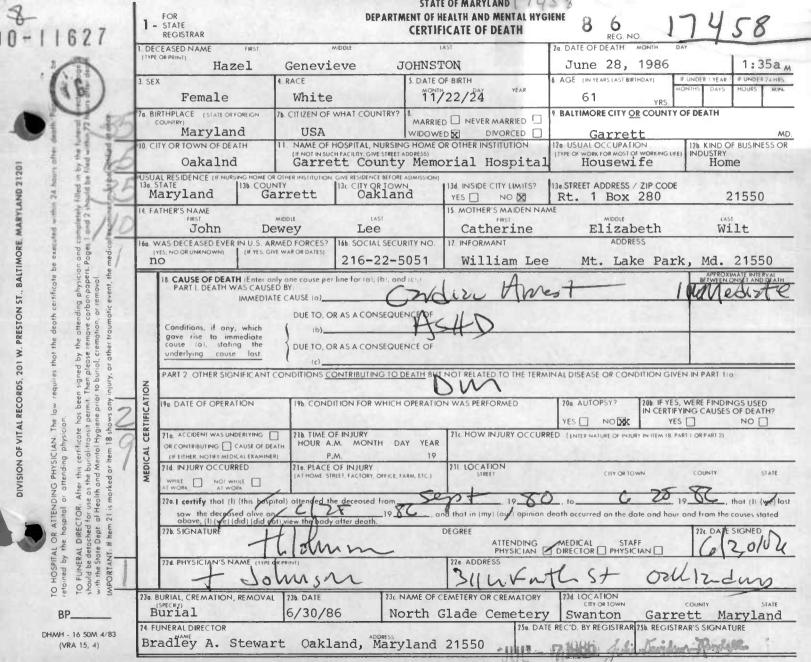
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-10428 - STATE REGISTRAR REG. NO I. DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-Galen DEATH MATED KAUFFMAN Rav 19 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 86 LAST BIRTHDAY) PRONOUNCED 15 DEAD Male White May 8, 1971 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS DOMO IN CHASSITAL NURSING HOME OR OTHER INSTITUTION HOS DITUIN FOR MOST OF WORKING LIFE) OR INDUSTRY Farming Farmer SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN 21550 Md. Garrett Oakland Rt. #2, Box 22 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALDDIE MIDDLE Alpha Kauffman Frennie Lomie Yoder A. 17. INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Alpha A. Kauffman, See #13 above None 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c) )
PART I DEATH WAS CAUSED BY:

Asphyxiation APPROXIMATE INTERVAL BE WELLOWSELAND DEATH DUE TO, OR AS A CONSEQUENCE OF 1R Accidental drowning Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIMICOF INJURY Drowned while swimming BHOUR A.M. MONTH GAY SEAR CONTRIBUTING CAUSE OF DEATH PLACE OF INJURY TIATHOME. 21f LOCATION L Mt. Lake Park Md ... Garrett AT WORK AT WORK TO MEDICAL EXAMINER IN EXECUTE THE CERTIFICATE PAGE 4 SHOWING BE FORW TO FUNERAL DIRECTOR! IN AFFER CEATH WITH THE SY BALTIMORE MESTAND 22a. I certify that I jepk charge of the remains described above field an Autopsy Inspection ond in my opinion Homicide \_\_\_ deoth resulted from Notural causes Accident Suicide Undetermined monner 6-16-1986 TIDESPECTY DATE MEDICAL EXAMINER 107 S. 2nd. St., Oakland, Md. Feaster, Jr., M. D. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY burial 6/20/86 Slaubaugh Cemetery Oakland, Garrett, Maryland 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE lea Denderno Producto **DHMH - 17** Oakland, Maryland Bradley A. Stewart 21550 (VR A15 ME (5))

000	9	6	6	5	
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## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Kin
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1	20	0	(

		REGISTRAR				CERTIF	ICATE OF DE	AIR		REG. NO.					
		EASED NAME	FIRST	٨	AIDDLE	L	AST		20 DATE OF DE		DAY Y	FEAR	2b. HOUR		
	(ITPE	OR PRINT) Owen		Connel	1	MATTIN	IGLY		June 5	, 1986			2:15pm		
	3. SEX	(		4. RACE		S. DATE C			6. AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER	I YEAR DAYS	IF UNDER 24 HRS		
	M	ale		White		July	11, 190	2	83	YRS		DAYS	HOURS MIN.		
-		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	TY OF DEA	TH							
7		aryland		USA		ett	MD								
-	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  11/20 USUAL OCCUPATION  11/40 OF WORK FOR MOST OF WORKING LIFE!									126 KIND OF BUSINESS OR		
Oakland					Garrett County Memorial HospitalConst. Worker										
-	HaUA 13a S	AL RESIDENCE HE NURS	136 COUN		GIVE RESIDENCE		1 13d. INSIDE CIT	Y LIMITS?	13e STREET ADI	DRESS / ZIP CO	DF				
7	M	aryland	Garı			ake Park		40 🗆	604 I			21	550		
٨	14 FA	THER'S NAME		WIDDIE	LAST		15 MOTHER'S	MAIDEN NAM		NDDLE		LASI			
9	G	eorge	Will	Liam	Matt	ingly		istine			McGet	Gettigan			
M)		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMAN	T		ADDRESS					
		no	(	,	219-03-8317 Clema C. Mattingly see #13										
		18 CAUSE OF DEAT	H Enter or	nly one couse per	line for (o), (b	or, ond ig	1	P/ /	1		BE	APPROXU	MATE INTERVAL DISET AND DEATH		
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) India abdom/ bul Bleeding											MINUTES		
		DUE TO, OR AS A CONSEQUENCE OF											Mounts		
		Conditions, if ony,		(6)	10) Morare ance prostate										
	couse (o), stoting the underlying couse lost														
				( (c)											
	z	PART 2 OTHER SIGN	NIFICANT	CONDITIONS <u>CC</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE C	RCONDITION	GIVEN IN P.	ART 1/c	)		
_	CERTIFICATION	19a DATE OF OPERA	TION	TION CONDI	TION FOR WI	HICH OPERATIO	NI WAS BEDEOD	MED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED						
)	JE I	DATE OF OPERA	11014	176. CONDI	HOIT TOK W	THE TOP ERATIO	IN WASTERIOR	VILD		IN CER	TIFYING C	AUSES	OF DEATH?		
-	ERT	21a. ACCIDENT WAS UNI	DERLYING T	7 216. TIME O	FINJURY		121c. HOW INJU	JRY OCCURR		O X	YES DARILORS	ART 21	NO []		
7		OR CONTRIBUTING	CAUSE OF DE.	MIN.	M. MONTH				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	MEDICAL	(IF EITHER NOTIFY MEDI-		21e PLACE (		19	211. LOCATION	1		Technology of the					
	ME	WHILE NOT WE	HILE	JAT HOME STR	EET FACTORY, OF	FFICE, FARM ETC )	STREET		C	ITY OR TOWN	COU	MIA	STATE		
		220.1 certify that (I)		not ottended the	e deceosed fr	rom JUN	e 2	19 86		line 5	190/2		that (I) ( <del>we)</del> last		
		sow the deceos		view the body	S	19.86. or	nd that in (my) <del>(a</del>	e) opinion d	eoth occurred o	n the date and h	our and fic	m the	touses stated		
		22b. SIGNATURE	3/	view me body	ayer deom,		DEGREE				226.	DATE	SIGNED		
	133	/	AL	11	_	0	ATT PH	TENDING S	MEDICAL DIRECTOR	STAFF PHYSICIAN		6/3/	0.		
1		22d. PHYSICIAN IN				SUSTINE F	22e ADDRESS								
				RAGa	RALSI	14 15	311	N. Fo	urth St	reet Oa	kland	l, M	id. 2155		
		URIAL, CREMATION,	REMOVAL	236 DATE		23c NAME OF C	EMETERY OR CR	EMATORY	23d LOCATIO		COUNTY		STATE		
		Dan-i - 1		1 17/0	_		0 11	0.7	007.7	7 -	COUNTY		STATE		

DHMH - 16 60M 7/84

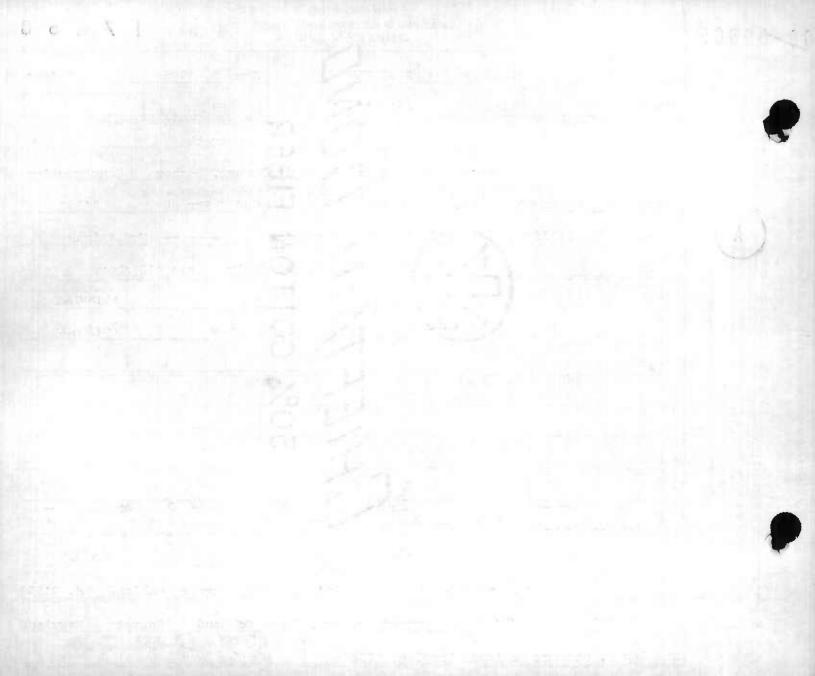
(VRA 15, 4)

Burial

Garrett Co. Mem. Gdns. Oakland

Maryland Garrett

24 FUNERAL DIRECTOR Bradley A. Stewart Oakland, Maryland 21550



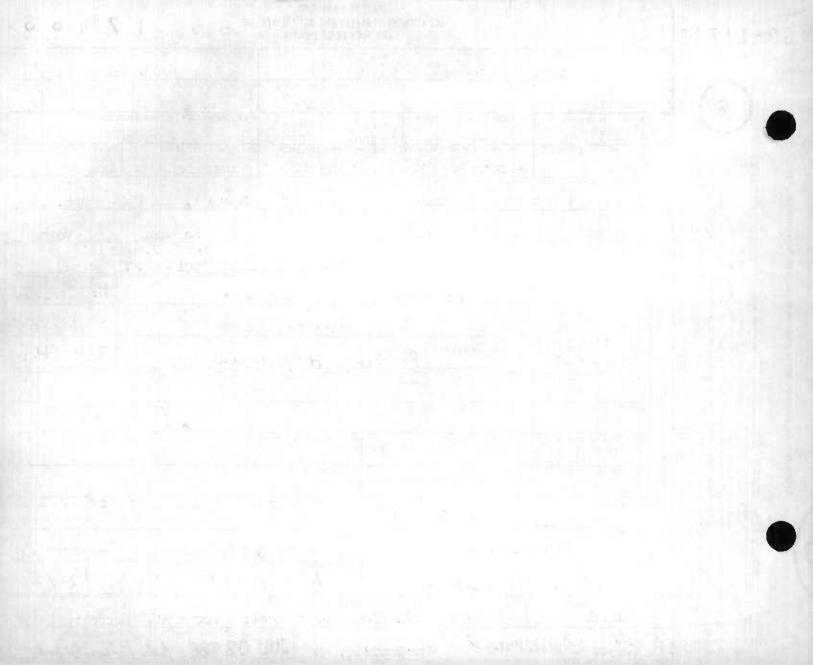
1-09167	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	7461
m.e	I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be page 3		Nannie	_ Maus		June 7, 1986	7:25Am <sub>M</sub>
r, po	3 SEX	4 RACE		OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4	Female	Whit	e	6/11/1901	84 YRS.	
nerol di no 72 ho	70 BIRTHPLACE (STATE OR COUNTRY) PA	FOREIGN 76 CITIZEN OF	USA WIDOV	ED NEVER MARRIED X	Garett County	Y OF DEATH  MD.
The state of A	10 CITY OR TOWN OF DE		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
10 s of	Grantsville	Goodw	ill Mennonite	Home	Seamstress	Garment Co.
AND 212	Maryland	ing home or other institution 136 COUNTY Garrett	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Grantsville	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COLL Locker Lane, P.	DE DE
RYL within	14 FATHER'S NAME FIRST	WIDDLE	IAST	15. MOTHER'S MAIDEN NA	AME	LAST
MARY ond 2	Noah		Maust	Annie		Yoder
ORE,	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
IIMC	No		218-34-2649	Mrs. Edna Be	itzel Bittinkq	er, MD 21522
At RECORDS, 201 W. PRESTON ST he low requires that the death certion.  The bos been signed by the offending it permit. Then please remove carbon lene prior to buriol, cremotion, at retributive, or ather troumatic events.	Canditians, if any gove rise to immediate the constant of the	which (b) nediote g the last (c) NIFICANT CONDITIONS C		STINAL BLE TNOT RELATED TO THE TERM E, ARTERIOSC	IN CERT	
VITAN: T hysica ficate fransiti Hygi Hygi	00.000,000,000		DF INJURY M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVISION OF PHYSICIA offending of offending of the this certifies the buriol-th and Mental or the ond mental or the order or the orde	THE STATE OF THE S	RED 21e PLACE	.M. 19 OF INJURY (REET FACTORY OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDITION IS SENTENDITION OF CTOR: A differ use or the oil of the oil of the oil of the oil of the oil	saw the deceas above, (1) (we) (	(this hospital) attended the dalive an June addid) (did not) view the bady	10 86		death accurred an the date and ha	
TO HOSPITAL OR retorned by the he TO FUNERAL DIRE should be detoched with the Store Dept.	226 SIGNATURE		M.D.	ATTENDING PHYSICIAN   22e ADDRESS FRO	MEDICAL STAFF DIRECTOR PHYSICIAN STBURG PLAS	220. DATE SIGNED  JUNE 7/81
O Fit	SATURN.	INA 1. CH.	ANG MID	FROSTBUR	5 MD 2	1532
BP	230 BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL 236 DATE 6/10/8		CEMETERY OF CREMATORY  Glade Cemeter	23d LOCATION CITY OR TOWN  Accident, Ga	rrett, Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL STRECTOR	Deuma	ADDRESS Grantsvil	le, MD	TE REC'D BY REGISTRAR 25h REGIS	STRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI Richard MUNOZ DEATH MATED 19 4. RACE 3 SFX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 56 YRS White 1-11-30 Male 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania Garrett USA WIDOWED -DIVORCED LETTY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DOM'S MOSPITAL 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY MUSIC Oakland MUSICIAN ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 2312 Bernard St. Allegheny Pittsburgh Pennsylvania YESXT NO [] M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE Geronimo Munoz Tomasa Herrera 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 23 DEBernard St. (IF YES GIVE WAR OR DATES) 201-20-5295 Norma Jean Munoz, Pittsburgh, PA 15234 Yes 18 CAUSE OF DEATH (Enter only one couse per legiscolo band artery disease APPROXIMATE INTERVAL IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Arterioscierosis, generalized 11 Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - T HEALTH AND MEN AL, CREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION (ICATE, WARE F FORWARDED TO THE CITIES TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA HTHE STATE DEPARTMENT OF HEALLY 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE CENTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH HE SIT, BALTIMORE, MARYLAND, 2 22a I certify that I tank Marge of the remains described above, held ap-Autopsy Inspection death resulted fram Matural causes Suicide Homicide Undetermined monner DFIRE SPYCIFY) DATE 6-17-1986 SIGNATURE MEDICAL EXAMINER 107 S. 2nd. St., Oakland, Md. James H. Feaster, Jr., M. D. EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Burial 6-18-86 Beinhauer Crematory Pittsburgh, Allegheny, PA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Juna Way doon- yang dala Durst Funeral Home, Oakland, MD (VR A15 ME (5))

ALC: NO PORT 1972 Lorenced Bar. 19824 vnoting II windsimmed garden et . The service of the seed of the contraction of the c , . . . (-18-75 Pointmer Cromators Titterburch, Allechany, Ph Burnt Sunorel How, Calland, In

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 6/20/1986 Selma 2:55 Anna Nei 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH 3. SEX HOURS. MONTH 5/1/1899 Female white 87 70 BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED X DIVORCED [ Garrett. II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Dennett Road Manor Nursing Home Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 21520 13g. STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Accident Maryland Garrett. NO IX Route 1, Box 174A - Apt. 13 YES T 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST George A. Miller Barbara Anna reis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Routes 2, Box 111 (IF YES, GIVE WAR OR DATES) NO OR UNKNOWN) 218-16-3420-D Mrs. Mabel Fike Accident, MD 21520 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PARTI, DEATH WAS CAUSED BY: hulan IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. rima PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH HE FITHER NOTIFY MEDICAL EXAMINER 19 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1. ino 30 22a. I certify that (1) (this hospital) ottended the deceased fram\_ June 19 saw the deceased alive on. 19 86 and that in (my) (auc) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should b umann 230 BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN 6/23/1986 MXX Zion Church Cemet BP. Accident DHMH - 16 50M 4/B2 (VRA 15, 4) Grantsville, MD



STATE OF MARYLAND

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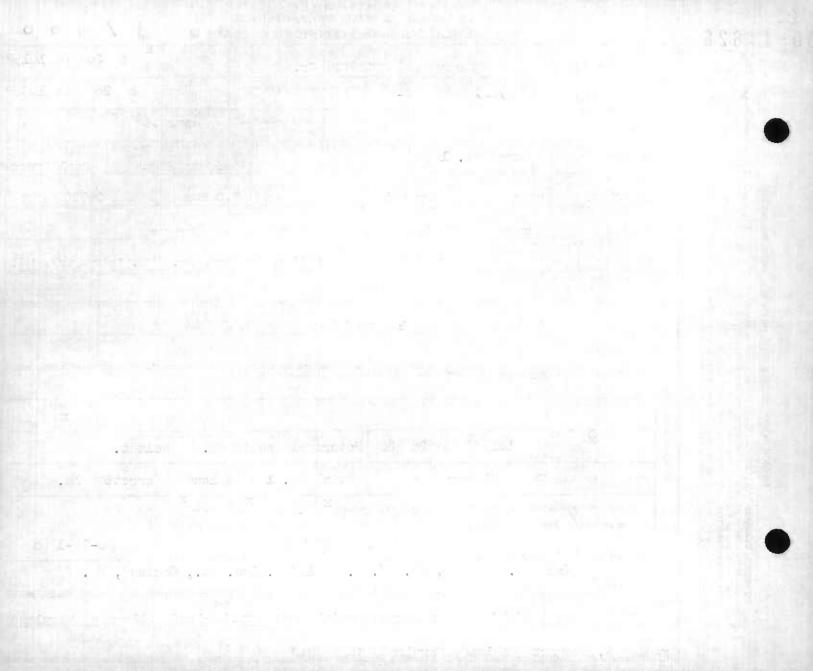
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 0-09696 REGISTRAR DECEASED NAME (TYPE OR PRINT) 1225A Margaret Robertson Anna DEATH MATED June 13.1894 2c DATE 2d HOUR Female PRONOUNCED DEAD 86 630A M BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) IISA Garrett ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS HOME USTRY Cuppett-Weeks Nursing Home Homemaker Oakland AL RESIDENCE (IF IN NURSING 212 Central Ave. 13e. STREET ADDRESS 138. INSIDE CITY LIMITS? BALTIMORE, MD. 2120 legany Westernport.Md. 21562 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Marksuss Wattenschaidt Minnie wm. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. whelan 212 Central Ave, 21562 219-30-4267 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY davs IMMEDIATE CAUSE (a) Uremia DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardio-vascular disease Yrs. Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISFASE OR CONDITION GIVEN IN PART 1 IO 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD DE TO FUNERAL DIRECTOR: PAGE BATTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 228. I certify that took charge of the remains described above, held on Autapsy Inspection and in my apinian Natural causes X death resulted from Accident Undetermined monner 6-2-1986 James H. Feaster, Jr., M. D. ADDRESS S. 2nd. St., Oakland, Md. 5.1986 Oak Hill Cemetery Long oning Allegany Met 07/B4 D. BY REGISTRAR 1350 REGISTRAR'S SIGNATURE Funeral Home, Lonaconing, Md. **DHMH - 17** (VR A15 ME (5))

C C TO AMERICAN AND A STREET AND ASSESSED. nostrado: Jeropri, onco . and Landing StS.
Control of the state of t College and Lord Tollege and St. 1813 - 182 - 18 Land to the state of the state

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 (TYPE OR PRINT) 0 ESTI-William DEATH MATED SHAFFER, Jr. Perry 10 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED 86 7/31/58 Male White 27 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OakLand RHAND IN SUR MACHETY DIVE STREET ADDRESS) Tuckmor, Inc. Coal Proces SUAL RESIDENCE (IF IN NURSING OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HINCOUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS West Virg. Gormania P.O Box 26720 Grant YES NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Shaffer, Sr. Perry Joann Boden &n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO OR UNKNOWN) 213-75-8805 William Shaffer, Sr. Mt. Lake Park, Md. 18 CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

Skull fracture BETWEEN ONSET AND DEATH Sudden IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 11 Motorcycle Accident gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WRITING RWARDED TO THE & PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE OF T YES NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 MOUNT A'M. MENTH 204Y UNDERLYING OR Motorcycle accident. No helmet. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION HELLICION ARM, ETC.) Rural Rt. 1 WHILE WHILE AT WORK AT WORK Oak Tandyn Garrettenty Md. Autapsy 4 220. I certify that I/look charge of the remains described above held as Inspection ond in my opinion death resulted from Accident Suicide Homicide \_\_\_\_ Undetermined monner DATE 0-20-1986 DIEDISPE GIFY) ACTUAL MEDICAL EXAMINER James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 6/30/86 Hillcrest Burial Park Cumberland Allegany Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR 1900 Julia Devidor - Ad (VR A15 ME (5)) Bradley A. Stewart Oakland, Maryland 21550



MARYLAND 21201	-
BALTIMORE,	
PRESTON ST.	
201 W.	
SION OF VITAL RECORDS,	
OF VITAL	
SION	

0-10393	FOR STATE REGISTRAR		DEPAR	STATE OF MA TMENT OF HEALTH A CERTIFICATE	AND MENTAL HYGI	REG. NO.	174	6 /				
m.E	1. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH		HOUR				
y be		saac Er	nest	TURNEY		June 20, 1	986	4:30P M				
6 (1)	3 SEX	4 RACE White		5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS H	UNDER 24 HRS				
60	Male 7a: BIRTHPLACE (STATE O		WHAT COUNTRY		1910	9 BALTIMORE CITY OR COU						
E / 18 TO BY	COUNTRY)		*******	MARRIED ANE	VER MARRIED	12 1 14 1						
1/8	Maryland  HO CITY OR TOWN OF D	USA III NAME OF	HOSPITAL MILIPS	ING HOME OR OTHER	DIVORCED	Garrett 120 USUAL OCCUPATION	12b. KIND OF B	MD.				
This of the state		(IF NOT IN SU	CH FACILITY, GIVE STREET	ET ADDRESS)		TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY					
5 6 6	Oakland			morial Hos	spital	Plumber	Plumb	ing				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hour oftending physician and completely filled in to stiftle buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fit and Mental Hygiene prior to buriol, cremation, or removal.  Onked or them 18 shows any injury, or other traumatic event, the medical examiner must be acked or them.	Maryland	IRSING HOME OR OTHER INSTITUTION 136 COUNTY Garrett	13c. CITY OR TO	WN 13d. INS		309 'L' Stree						
YE SEE	14 FATHER'S NAME				HER'S MAIDEN NAM	E						
d w d	Flavius	MIDDLE	Turney		Grace	MIDDLE	Fearer					
E, A		R IN U.S. ARMED FORCES?	16b SOCIAL SEC	URITY NO. 17 INFO	DRMANT	ADDRESS	rearer					
MOR e exe	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)			D. C	1.2.2						
ALTIA cion cion the m	No	216-10-3617 Mrs. E. Geraldine Turnet - same as 13  CAUSE OF DEATH (Enter only one couse per line for 10 ph) and 7										
hysicoto ovole	PART I. DE ATH	ATH (Enter only one couse pe WAS CAUSED BY:	r line for to while	13/	1-11	12 15	BETWEEN ONS	ET AND DEATH				
ST.		IMMEDIATE CAUSE ID	guseu	six eyeu	13777VIII	carrie lasa	us oxa	245				
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ne pre pre pre pre pre pre pre pre pre pr	IFIC			7		IN CE	RTIFYING CAUSES OF	DEATH?				
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Phys Phys of Hy of Hy	00.000000000000000		.M. MONTH	DAY YEAR	W INJURI OCCURRE	ED LENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2}					
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//SIO	(IF EITHER NOTIFY ME  21d INJURY OCCU	WHILE THOME S	OF INJURY IREET FACTORY, OFFICE		CATION	CITY OR TOWN	COUNTY	STATE				
DING Or o Afre of th	AT WORK - AT V	VORK	h- 1- 1-									
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ATT OF	above, (I) (we	osed olive on (did) (did not view the bod	y ofter death.		(my r toor r opinion di	com occorred on the dote ond						
Dep H He	A O	//		DEGREE	ATTENDING	MEDICAL STAFF	22c. DATE SIC	NED CO				
by the by the ERAL cedere Store	1/1/	Muse.	mo		PHYSICIAN	DIRECTOR PHYSICIAN	15kg	u Jo				
HOSPITAL ned by the FUNERAL Jid be det of the Stote	ZAM-PARETURA PEST	TYPE OR PRINT		22e AD	DRESS							
O HOSPITAL TO FUNERAL should be de- with the Stort MPORTANT:	A.E.	Mance, M.D.		Th	ird Street	t Oakland, M	aryland 21	550				
5 6 5 4 3 ₹	230 BURIAL, CREMATION		230	NAME OF CEMETERY	OR CREMATORY	23d LOCATION	1000					
BP	Burial	2 6/23	/86	Oakland Ce	emetery	Oakland	Garrett	Md.				

Oakland, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECT
NAME
Durst Funeral Home

June 20, 1086 Manager of the second 0101,01,000 Onlined Carrett Co. Mosorial Cornital Clumbur Midwel Checome Calciant, Marriage Class 

Durch Tuneral Tone Califord, Narviend 2018

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

REGISTRAR I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINTI VanSickle June 11, 1986 10:23a. Mary Anna 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 1.58 X IF UNDER 1 YEAR IF UNDER 24 HR Jan. 8, 1931 YEAR Female White BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

Maryland USA

1136 COUNTY

DIVORCED [ WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Garrett 12a USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE!

See #13 above

Houseworker

126 KIND OF BUSINESS OR INDUSTRY Home

CITY OR TOWN OF DEATH Oakland

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Garrett County Memorial Hospital LAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

13c. CITY OR TOWN

Oakland

13d INSIDE CITY LIMITS? YES X NO T

EIRST

13e STREET ADDRESS / ZIP CODE 412 Liberty Street 21550 15 MOTHER'S MAIDEN NAME

FATHER'S NAME Arnold

Maryland

no

STATE

- STATE

Arthur IAN WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (0)

Garrett

LAST Friend 166 SOCIAL SECURITY NO

Iva 17 INFORMANT Ruby **ADDRESS** 

VanSickle

(IF YES GIVE WAR OR DATES) LYES NO OR UNKNOWN Iva Elliott

ougestive

APPROXIMATE INTERV

Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.

PART I. DEATH WAS CAUSED BY

acute DUE TO, OR AS A CONSEQUENCE OF Carcinome

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19 86

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20n AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? YES [ NO I

COUNTY

20b. IF YES, WERE FINDINGS LISED

LIF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

22h SIGNATUR

24 FUNERAL DIRECTOR

19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC )

211 LOCATION

CITY OR TOWN

22a I certify that (1) (this haspital) attended the deceased from, Juno 11 sow the deceased alive on\_ obove, (1) (we) (did) (did not) view the body ofter death

and that in (my) (even) opinion death occurred on the date and hour and from the causes stated DEGREE

Mas

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

NOT WHILE

22e ADDRESS

(SPECIFY) Burial

CERTIFICATION

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 6/13/86 23c NAME OF CEMETERY OR CREMATORY Blooming Rose Cem.

23d LOCATION Friendsville,

Garrett Md.

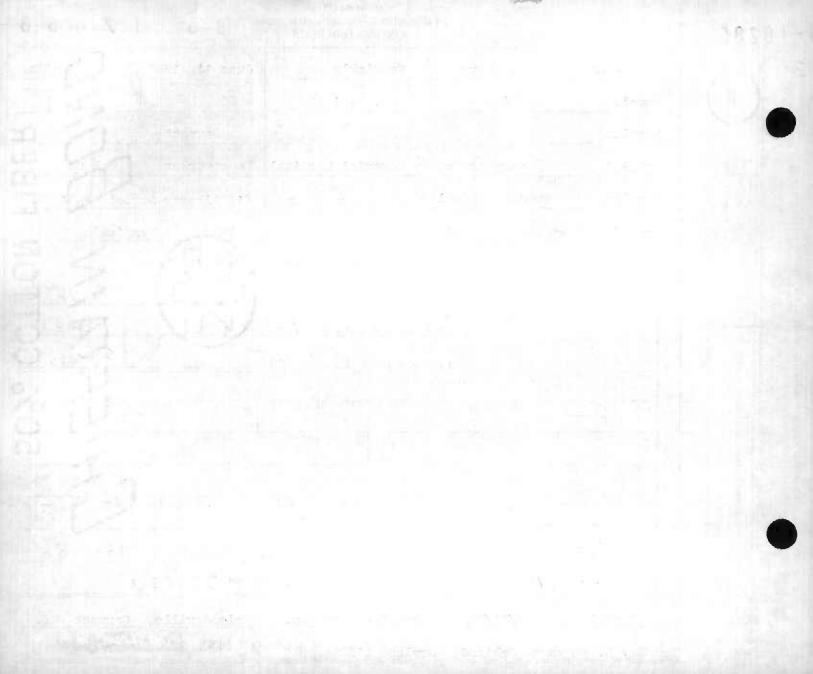
DHMH - 16 60M 7/84

Bradley A. Stewart Oakland, Maryland 21550

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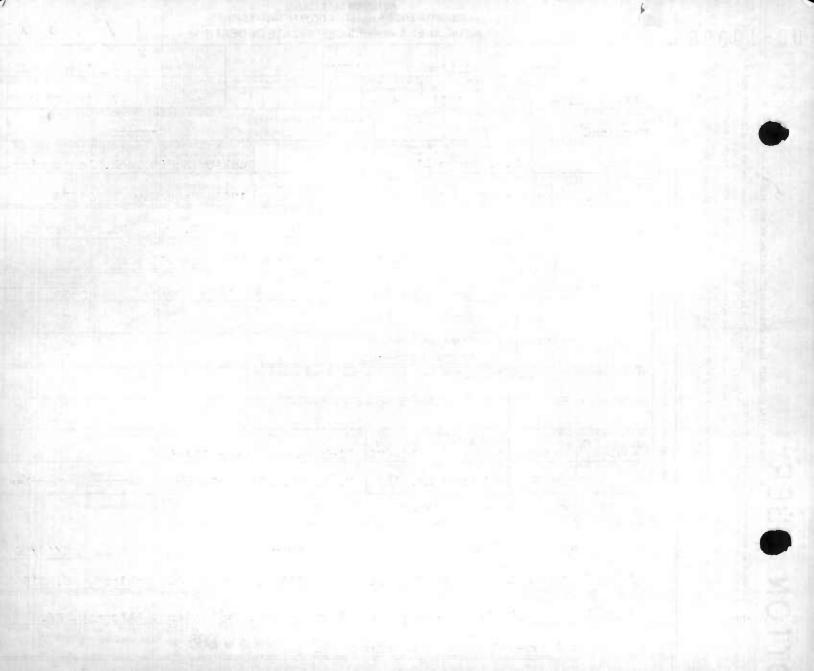
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR

(VRA 15, 4)



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00-10	1096	T. DECE	ASED NAME	FIRST		14122	WIDDLE	EXAMI	TER 3	LAST	CAIL	JI DE,	2a. DATE	REG.		INTH DA	AY YEAR	26 HOUR	
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3	TREE IN	LHEX	1	RACE	S. DATE O		YEAR	6 AGE (IN Y	ARS IF	JNDER TYR.			2c. DATE		MÔM	-		2d HOUR	
32	WEST ST	-	Male	White	July			LAST BIRTH	RS. MO	NTHS DAYS	HOURS	MIN	PRONOUT DEAD			6 1	4 1986	430R	
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7. SUB	A N		8 CAUSE OF PART I DE A	DEATH (Enter or	nly ane cause ED BY:	e per line i	for (o), (b	), ond (c).)								8	APPROXIMA BETWEEN ONS		
N 2	A SERVICE	7	0117		ATE CAUSE (	V)	-	<u>inatic</u> NSEQUENCE									Sudde	n	
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W.P	NAME OF THE PARTY			ta immediate		b)	AS A CON	ASEQUENCE	OF										
MED V	Z X Z Z Z		lying cous			DUE TO, OR AS A CONSEQUENCE OF  (c) Truck accident									11				
DS.	ANGER		PART 2 OTHER SIGN	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).															
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# On	TEAN T	EA.	190. DATE OF OPERATION 196 C				CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?			(?		
SHO	BURIAL SE	CERTIFICATION											YES 😿 NO 🗆						
ATE OF	SEE SEE	89	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY UNDERLYING SOR 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2  UNDERLYING SOR										OR PART 2]						
NO ON	E0588	5	ONTRIBUTIN	G CAUSE OF	DEATH 3:	45P.M.	6	14 19 8	6 I	ick-u	p_and	Van	colli	sion	-				
IVIS CER	NOS SED		WHILE			PLACE O		(AT HOME,		OCATION			ÇITY OR TO	IWN		COUNTY	-21	_STATE	
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WINER	CERTIFICATE IID BE FORV DIRECTOR: F WITH THE S MARKLAND.		27s   certify death resulted	that I took char I frum Natu	ge of the ren		Accident		Auto vicide [	opsy 🗶,	Inspection		Inquiry termined m		and in m	ny opinion	1		
<b>9</b> 8			CTUAL	Jan	u d.	L=	A	4.0		M.D. De	SPECIFY)				D	ATE	6/1	4/86	
5	CUTE THE SE A SHO FUNERAL FROEATH TWORE,		IGNATURE	1						M.D. DC	pucy	MED	ICAL EXAM	AINER	SH	GNED	0/1	4/00	
WED	DHE RES	E	XAMINER'S	Jame	s H. I	Feast	er,	Jr., N	ID	. ADDRESS	107 S	. Sec	cond s	St.,	Oakl	and,	Md.	21550	
5	24544 -	23a.BUF	RIAL, CREMATI	ON, REMOVAL	23b. DATE		23c 1	NAME OF CE	METERY				OCATION			CONNTY		TATE	
В	P		buria	al	6/18,	/86	Ro	cky Ga	p Ve	eteran	's Ce	m. Ci	mberl	land,	All	egan	v, Md		
	DHMH - 17	- P	VERAL DIRECT			ADDRESS					250. DATE	REC'D. B	REGISTRA	AR 256 RE	GISTRA	S'S SIGN	ATURE	La	
	R A15 ME (5))	Geo	rge-Up	church F	unera:	l Hom	ne, C	umber	and	Md.	JU	NAC	1900	d	A bouton ),				

POPALADVA



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-08948 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20. DATE KNOWN IX (TYPE OR PRINT) ESTI 1986 5P DEATH MATED Elva Cravton ZIMMERMAN 4. RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 86 P 93 YRS DEAD Female White Oct. 25. 1892 FUNERAL I 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Garrett USA WIDOWED & DIVORCED [ West Virginia PAGE 5 E FILED, 1 120. USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 112b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Housewife. Oakland Rt. 1 Box Home RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 INSIDE CITY LIMITS? 1136 STREET ADDRESS 13b. COUNTY 3n STATE 13c. CITY OR TOWN Oakland NO X Rt. 1 Box 38 21550 Maryland Garrett 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Samuel Hill Harriette Sowers 17 INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) 213-74-0198 Lela Paugh Mt, Lake Park, Maryland 21550 no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cereberal vascular accident Months IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF 11 Arteriosclerotic cardio-vascular disease Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DIVISION OF VITAL ATHIS CENTRY ORWARDED TO THE PROBAMENT OF THE DEPARTMENT OF THE DE NO [X YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME. 211 LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATELEDEATH, WITH THE STARTMORE, MARYLAND, 2 Inspection X 220 I certify that Look charge of the remains described above, held an and in my apinian Natural causes death resulted from Accident Suicide Hamicide | Undetermined manner TITLE (SPECIFY) DEPUTY ACTUAL DATE 6-2-1986 SIGNATUR MEDICAL EXAMINER EXAMINED'S NAME James H. Feaster, Jr., M. D. ADDRES 107 S. 2nd. St., Oakland, Maryland 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 6/4/86 Oakland Cemetery Oakland Garrett Maryland BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS (VR A15 ME (5)) Bradley A. Stewart Oakland, Maryland 21550

